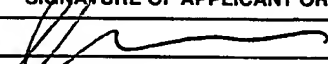


Modified Version of PTO/SB/81

POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM	Application Number	10/594201
	Filing Date	9/22/2006
	First Named Inventor	Philip Vafiadis
	Art Unit	
	Examiner Name	
	Attorney Docket Number	MAD-101/PCT/US

POWER OF ATTORNEY
I hereby revoke all previous powers of attorney given in the above-identified application, entitled: Audio Visual Surface Assembly
I hereby appoint practitioners associated with Customer Number 30869
CORRESPONDENCE ADDRESS
Please recognize or change the correspondence address for the above-identified application to the address associated with Customer Number: <div style="border: 1px solid black; padding: 5px; display: inline-block;">30869</div>
APPLICANT/INVENTOR OR ASSIGNEE
I am the: <input checked="" type="checkbox"/> Applicant/Inventor <input type="checkbox"/> Assignee of Record of the entire interest * * I am duly authorized to sign this instrument on behalf of assignee. I hereby declare that, to the best of my knowledge and belief, title is in the assignee and believe that said application has been assigned to assignee and that assignee therefore has the right to make this Power of Attorney and Exclusion of Inventor(s). * I declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further, that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SIGNATURE OF APPLICANT OR ASSIGNEE OF RECORD			
SIGNATURE		DATE	10/8/07
PRINTED NAME	Philip Vafiadis	TELEPHONE	
TITLE and COMPANY	N/A		
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required. Total of forms submitted: _____			

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 USC 122 and 37 CFR 1.11 and 1.14. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.